

STATE RECORDS SPECIAL AUTHORIZATION

GS 50 (REV 12/87)

FOR INSTRUCTIONS, PLEASE SEE REVERSE

DEPARTMENTUNIT

☐ APPROVAL FROM RECEIVING AGENCY ATTACHED

☐ RECORD CENTER

VAULT

CHECK APPROPRIATE BOX:

TRANSFER LIST NO.	INDICATE BOX/SHELF	LOCATION NUMBERS	DISPOSITION				COMMENTS/NEW DATE OR AGENCY
			DESTROY	RETURN	NEW DATE	TRANSFER TO CONFIDENTIAL	

COMMENTS/NEW DATE OR AGENCY[illegible]

PLEASE REMEMBER TO DESIGNATE ANY RECORDS WHICH MUST RECEIVE CONFIDENTIAL AND/OR WITNESSED DESTRUCTION

PREPARED BY _____ NAME (TYPED) _____

NAME (TYPED)**TITLE**DATE _____

I HEREBY CERTIFY THAT I AM AUTHORIZED TO ACT FOR THE HEAD OF THIS AGENCY IN MATTERS PERTAINING TO THE DISPOSAL OF RECORDS

SIGNATURE	NAME (TYPED)
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NAME (TYPED)**TITLE**DATE _____